

**Inova Fairfax Hospital**  
**Lactation Internship Program**  
Application Form

**Please mail your completed application to:**  
Inova Fairfax Hospital  
Lactation Internship Program  
Breastfeeding Center, 3rd fl, Original Bldg  
3300 Gallows Road  
Falls Church, VA 22042  
  
Questions? Call Amy Hobaugh at **703-776-6773**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number (H) \_\_\_\_\_ (C) \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

I anticipate sitting for the IBLCE certification exam in \_\_\_\_\_

Educational Background:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Lactation Consultant Training Program completion: \_\_\_\_\_

Available days to intern \_\_\_\_\_

Previous experience working with breastfeeding mothers and babies (include type of setting, volunteer and paid positions, duties, dates, number of hours per week):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Goals and learning needs for the internship program:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please assess your strengths and limitations as you begin the internship:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_